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Approval Authority (Sign & Date):	
References:	PMCV Supervision Policy & Guideline; AGPT PGPPP (Practice) Guidelines for the supervision & training of Doctors in the Prevocational General Practice Placements Program; National Intern Training Framework Standards Health Services Standard 8 & GP Function 4.

Context

The Murray to the Mountains (M2M) Intern Program recognises that appropriate supervision is critical to the training and development of all interns and other postgraduate trainees. Supervision of Interns in particular is necessary to ensure the safety of the patients of these practitioners, as well as the practitioners themselves.

Scope

This Policy relates to all Facilities providing Intern Education and Training allocated to accredited terms. These Facilities may have Core Rotation Status or Non-Core Rotation Status. The Supervision Policy statements are applicable to:

1. All periods of duty, including regular day, evening, night and weekend shifts, and
2. All terms, including core terms of medicine, surgery or emergency medicine, and non-core terms operating within M2M.

Policy Statements

1. Interns must be supervised at all times regardless of which shift they are working or the location of their workplace. This supervision must ensure a safe clinical environment for patients and a safe learning environment for the Intern. Levels of supervision are defined as:
 - a. Level 1 Supervision – the Supervisor is physically present with the Intern in the performance of the Intern’s duties.
 - b. Level 2 Supervision – the Supervisor is not physically present with the Intern, but is immediately available on site if required by the Intern without impediment to access. For example, Parallel Consulting.
2. The Practice Manager is responsible for ensuring that the appropriate level of supervision is provided.
3. For interns, both level 1 and 2 supervision must be provided by a supervisor at PGY3 level or above.
4. Terms Supervisors must ensure that supervision of Interns:
 - a. Is adequate at all times, to ensure safe patient care, and
 - b. Provides a safe learning environment for the Intern, and
 - c. Meets the Criteria as per the definition of Level 1 or Level 2 supervision

In considering this, Term Supervisors should be aware of the skills and experience and workloads of all Supervisors within their teams.
5. If the Supervisor is not present on site, supervision may be delegated by the supervisor to another suitably experienced practitioner on site.
6. The Practice Manager is responsible for ensuring that there is continuity of responsibility for supervision during periods of Supervisor leave.

Policy No. 085 – Supervision of the Intern

7. The Director of Clinical Training (DCT) must ensure that Supervisors are aware of their responsibility to determine the appropriate proximity of supervision, by considering the clinical situation, and the knowledge and experience of the Intern.

Definitions

Practice Manager – The Practice Manager is the person employed to accept ultimate responsibility for administration of all staff at the Hospital and GP Practice. In M2M this will usually be the Practice Manager of the GP Clinic and the Director of Nursing or CEO. Northeast Health Wangaratta (NHW) and Albury Wodonga Health (AWH) need to indicate the Practice Manager/HMO Manager at the time of Core Rotation.

Intern – A doctor registered by the PMCV and AHPRA Medical Board of Australia as a general registrant with Internship conditions.

Registrar – A Registrar is a doctor who has been accepted into an accredited GP training program.

Supervisor – A medical practitioner who is responsible for ensuring that the Intern is performing his or her duties safely and effectively, and for providing feedback and training in the course of the work of the Intern. Given the complexity of the tasks performed by Interns, supervision should be provided by a medical practitioner with unrestricted general registration with at least three years postgraduate clinical experience. Appropriate Senior Medical Staff opinion must always be available.

Supervision – Direct or indirect monitoring of Interns by more senior medical staff, which should make sure that patients are safe and cared for, and that Interns acquire appropriate skills and attitudes in their professional development. In the context of Intern training, supervision also refers to the provision of training and feedback, to assist Interns to meet the training requirements to satisfy registration by the Medical Board.

Levels of Supervision – The following levels of supervision have been defined to provide clarity of proximity of Supervisor to the Intern:

- Level 1 (Direct) Supervision – Direct Supervision is where the Supervisor is physically present with the Intern in the performance of his or her duties
- Level 2 (In-Facility) Supervision – In-Facility Supervision is where the Supervisor is not physically present with the Intern, but is immediately available on site if required by the Intern, without impediment to access. The Supervisor must be aware of the duties being performed by the Intern, for example Parallel Consulting.

Term Supervisor – a Senior Medical Officer, Consultant, or General Practitioner who is responsible for ensuring appropriate supervision throughout the term

Term (Core) – A core term is one which must be completed within the Intern year. There are three compulsory terms which are Medicine, Surgery and Emergency. Each compulsory term must be a minimum of 8 weeks (eight) to 10 (ten) weeks and conducted within one placement.

Term (Non-Core) – A non-compulsory term is an accredited Intern placement of 8 (eight) to 10 (ten) weeks duration in a clinical area deemed appropriate.

SUPERVISION GUIDELINES

Aim: to provide appropriate supervision to promote learning and to ensure patient safety.

Supervisors

Supervision can be provided to the community based intern by all doctors at each of the clinics under the M2M Consortium. This will generally be performed through the Parallel model of consulting as described below.

There will be a designated Primary Supervisor with appropriate accreditation, to oversee the intern's term and to provide feedback and appraisal. If the intern has a concern regarding a patient, the practice, or other issues, they should discuss this with the Primary Supervisor. If the issue concerns the Primary Supervisor and they do not feel comfortable raising it with him/her, the intern should notify the Practice Manager or the Director of Clinical Training/Intern Supervisor.

Registrars can supervise interns, providing that they in turn are supervised in keeping with their experience and standard guidelines.

The Parallel Model of Consulting

The Parallel model allows interns to see patients under supervision while providing opportunities for them to practice to the limits of their capability.

Patients are booked to see the intern, with the knowledge that their case will be reviewed by a supervising GP. Patients are made aware of this at the time of their booking, by signs in the waiting room, and by an information sheet that they receive on.. Interns should clarify the patient's understanding of the process when they introduce themselves.

The intern proceeds to see the patient, taking a history and performing examination and investigations as indicated. They should seek to determine the patient's agenda, identify other health needs, and formulate diagnoses, problem lists and management plan. They should make appropriate notes in the patient's clinical record. When the intern is ready, or when they need assistance, they should contact the supervising GP. This may occur at any time during the consultation.

When the supervising GP arrives the intern should outline the consultation and their formulation. The supervising GP may seek further information from the patient before approving, embellishing, altering, or reinforcing the intern's plan as deemed fit. This should be done in a manner which is supportive to the intern and which meets the best interests of the patient.

The patient is billed in the name of the supervising GP. The supervising GP should also make notes in the patient's record, with particular regard to areas of differing opinion and to learning points.

The patients seen by the intern are regarded as part of the supervising GP's workload for the session. While the supervising GP will be consulting their own patients, gaps will be left in their appointment schedule to allow appropriate time to review the intern's patients. The supervising GP's workload will therefore not increase.

On-call

When an intern is on-call they will have phone access to their supervisor at all times. If the intern is required to see a patient this should occur at a location which meets the intern's needs in terms of safety.

Policy No. 085 – Supervision of the Intern

Generally, the supervisor should be notified at the time of first contact with the patient, and also at the end of patient contact. All patients seen by the intern must be reviewed by the supervising GP.

Interns must not see patients under the age of two years without supervision.

Nature of patients

Interns are not limited in the nature of patients they can see. However, they cannot prescribe drugs of dependence (including opioids and benzodiazepines) and cannot initiate any psychotropic medication.

All children seen under the age of two years must be physically reviewed by a supervisor.

In the situation of a difficult patient, all reasonable measures will be made to ensure the intern's safety. An intern may decline to see a particular patient.